

IFU RCE

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PTO/SB/30 (01-03)

Approved for use through 04/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**Request
For
Continued Examination (RCE)
Transmittal**

Address to:
Commissioner for Patents
Box RCE
Washington, DC 20231

Application Number	09/634,213
Filing Date	August 9, 2000
First Named Inventor	Stone
Art Unit	2124
Examiner Name	Ali, S.
Attorney Docket Number	50N3540/1449

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Rely Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☐ Other _____

3. Fees

- The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
- The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-1443
- a. ☒ RCE fee required under 37 CFR 1.17(e)
- ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other _____
- b. ☒ Check in the amount of \$ 880.00 enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Gregory J. Koerner	Registration No. (Attorney/Agent)	38,519
Signature		Date	7/20/04

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print/Type)	Gregory J. Koerner	Date	7/27/04
Signature			

Page 1 of 2

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box RCE, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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**IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS: Stone et al.
SERIAL NO.: 09/634,213
FILED: August 9, 2000
TITLE: System And Method For Interactively Utilizing
A User Interface To Manage Device Resources
EXAMINER: Ali, S.
GROUP ART UNIT: 2124
ATTY.DKT.NO.: 50N3540/1449

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date printed below:

Date: 7/27/04 Gregory J. Koerner
Gregory J. Koerner

RESPONSE AND AMENDMENT

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Final Office Action mailed on March 10, 2004, and the Advisory Action mailed June 28, 2004, please reconsider the above-referenced patent application in light of the following amendments and remarks.

In re application of:

Stone et al.

Atty. Docket No.: 50N3540/1449

Serial No.:

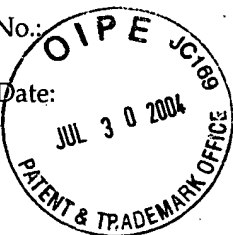
09/634,213

Filing Date:

August 9, 2000

Title:

System And Method For Interactively Utilizing A User Interface
To Manage Device Resources



COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR §§ 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	Small Entity		or	Other Than a Small Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Number of Extra Claims Present	Rate	Additional Fee	or	Rate	Additional Fee
Total	41	Minus	41	0	x \$11 =	\$0.00	or	x \$18 =	\$0.00
Indep.	6	Minus	6	0	x \$41 =	\$0.00		X \$86 =	\$0.00
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					+\$135 =	\$0.00		+\$290 =	\$0.00
					Total Fee	\$0.00		Total Fee	\$0.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-1443 in the amount of \$____. A duplicate copy of this sheet is attached.

☐ Enclosed please find a check for \$_____ for additional claims.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1443. A duplicate copy of this sheet is attached.

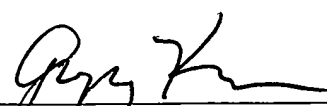
☒ Any filing fees under 37 CFR § 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR § 1.17.

Respectfully submitted,

Dated:

7/20/04


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